



Leisure Services

10610 W. Oakland Park Blvd. • Sunrise, FL 33351 • P: 954.747.4600 • F: 954.572.2476

YOUTH VOLUNTEER APPLICATION – SPECIAL EVENTS

(Please use ink or typewriter, and complete all sections.)

Name: _____ Phone: _____

Address: _____

School Name: _____ Highest Grade Completed: _____

Activities (clubs, organizations, etc.):

Hobbies, special skills and interests:

Previous volunteer experience:

Please list any special training or classes you have taken that relate to recreation work (First Aid, CPR, Child Care, etc.).
Please include class dates:

Days/hours available (please check days and list hours on the line to the right of each day):

Monday _____	Wednesday _____	Friday _____	Sunday _____
Tuesday _____	Thursday _____	Saturday _____	

Means of transportation to events:

Please list any illness, allergies or medications:

In case of emergency, please notify:

Name: _____ Relationship, if any: _____

Address: _____

Home Phone: _____ Work Phone: _____

Release:

I hereby release and agree to indemnify and hold harmless the City of Sunrise, the Department of Leisure Services, and any official employee or volunteer of the City of Sunrise against any and all claims resulting from participation in this class or program, with my knowledge that by participating in this activity, I/we assume any risk of injury. I hereby give permission to the City of Sunrise to use and display any photographs taken of my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of Sunrise. I hereby give permission in my absence for my son/daughter to receive any necessary medical treatment for injury or sickness, outpatient care and/or in-hospital treatment.

Signature of Parent/Guardian: _____ Date: _____

Please return to Lily Mazurek, Civic Center Theatre